

LOCATION: Madison - Dakota State University
 NOVEMBER 6, 2009
 APPLICATION DEADLINE: OCTOBER 23, 2009



PLEASE COMPLETE APPLICATION AND MAIL TO:
 Dan Friedrich, CISSP, CNE
 Dakota State University
 820 N. Washington Ave
 Madison, SD 57047

FOR MORE INFORMATION:
 Contact: Dan Friedrich
 Phone: (605) 256-5555
 Email: dan.friedrich@dsu.edu

PERSONAL INFORMATION:

Student Name: _____

Home Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Shirt Size (circle one): S M L XL XXL

PARENTAL INFORMATION:

Name of Parent/Guardian: _____

Address: _____

Day/Evening Phone Number: _____

Email: _____

Parent/Guardian Signature: _____

Parents/Guardians or other family members are welcome to attend the Scrubs Camp.

Will you be attending with your student? (circle one) YES NO

Will you be attending lunch? (circle one) YES NO

EDUCATIONAL INFORMATION:

Name of school presently attending: _____

City: _____

Current grade in school (circle one): 9th 10th 11th 12th



To be completed by a school counselor, teacher or administrator

WHY DO YOU RECOMMEND THIS STUDENT TO BE ACCEPTED INTO THE SCRUBS CAMP?

Signature:

Position:

WAIVER:

In consideration of the South Dakota Department of Education's acceptance of my participation in Scrubs Camp, I waive any and all claims for myself and my heirs that I may have against the South Dakota Department of Education and South Dakota Department of Health, its employees, contractors, sponsors, officials and volunteers, for any and all injury or illness which may directly or indirectly result from my participation in this program.

Parent/Guardian Signature:

Date:

Student (if over 18) Signature:

Date:

PHOTO WAIVER:

I hereby grant to the facilitators of the Scrubs Camp the non-exclusive and irrevocable rights and license to make, edit, and use pictures for publicity, news or advertising - to include print, video, broadcast media and the internet. I release the facilitators of the Scrubs Camp from any and all claims of payment for performance rights, residuals or damages for libel, slander, invasion of privacy or any claim based on the use of said material.

Parent/Guardian Signature:

Date:



CODE OF CONDUCT AGREEMENT

The Scrubs Camp is designed to be an educational function, and all plans are made with that objective. Many local school districts approve it as an educational activity, and hundreds of students attend the Camps from all over the state.

Scrubs Camp management wants every attendee to have an enjoyable experience with every attention paid to education, safety and comfort. All attendees will be expected to conduct themselves in a manner best representing their local school district. In order that everyone may receive the maximum benefits from participation, the "Code of Conduct" must be followed at all times.

Note that attendance is not mandatory. By voluntarily participating, you agree to follow the official Scrubs Camp rules and regulations or forfeit your personal rights to participate. Each local school district is proud of its students and knows that by signing this "Code of Conduct" you are simply reaffirming your dedication to be the best possible representative of your school.

1. I will, at all times, respect all public and private property, including the facility where I attend the Scrubs Camp and (if applicable) the Scrubs Camp Field Experience.
2. I will, at all times, respect all individuals (other students and adults) while in attendance at the Scrubs Camp. I will not use profanity of any kind while in attendance at the Scrubs Camp.
3. I will not use alcoholic beverages, tobacco products, or illicit drugs of any kind while in attendance at the Scrubs Camp and (if applicable) the Scrubs Camp Field Experience. I will not use drugs unless I have been ordered to take certain prescription medications by a licensed physician. If I am required to take medication, I will, at all times, have the orders of the physician on my person.
4. I will not leave the Scrubs Camp and (if applicable) Scrubs Camp Field Experience without the express permission of my advisor, Scrubs Camp Site Coordinator, or Scrubs Camp Project Coordinator. Should I receive permission, I will leave a written notice of where I will be with my advisor, Scrubs Camp Site Coordinator, or Scrubs Camp Project Coordinator.
5. My conduct shall be exemplary at all times while at the Scrubs Camp and (if applicable) the Scrubs Camp Field Experience.
6. I will keep my advisor, the Scrubs Camp Site Coordinator, or the Scrubs Camp Project Coordinator informed of my whereabouts at all times.
7. I will wear my Scrubs Camp identification badge and/or Scrubs Camp scrubs top at all times while at the Scrubs Camp and (if applicable) the Scrubs Camp Field Experience.
8. I will attend, and be on time for, all Scrubs Camp sessions and activities and (if applicable) the Scrubs Camp Field Experience.

VIOLATIONS AND PENALTIES

I agree that if, for any reason, I am in violation of any of the rules of the Scrubs Camp, I may be sent home at my own expense. I understand that notification of the violation and the action taken will be sent to my local school district and parents or guardians. I understand that through my negative actions, Scrubs Camp attendees from my local school district could be sent home as well.

It is within the spirit of being a proud and meaningful attendee of the Scrubs Camp that I agree to these rules of conduct by signing my name on this registration form. By signing this registration form, my parent and/or guardian, as well as a school district representative, affirm that I am worthy to attend a Scrubs Camp.